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CONFIRMATION NO. 6071

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/067,041	<b>FILING OR 371(c) DATE</b> 02/04/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 10177-110-999
<b>APPLICANTS</b> Ni Ding, Plymouth, MN; Michael N. Helmus, Long Beach, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/012,443 01/23/1998 PAT 6,358,556 which is a DIV of 08/663,490 06/13/1996 PAT 5,837,313 and is a DIV of 08/663,518 06/13/1996 PAT 6,120,536 which is a CIP of 08/526,273 09/11/1995 ABN and is a CIP of 08/424,884 04/19/1995 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 15
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 20583				
<b>TITLE</b> Drug release stent coating				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	